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## Servicemen and childhood leukaemia and poliomyelitis

Recent findings in new towns have supported the view that childhood leukaemia may be a rare consequence of a commoner (but unidentified) infection, the transmission of which is favoured in situations of population mixing, particularly in rural areas. The demographic effects of national military service are relevant to this hypothesis, particularly after the increases in numbers of servicemen in 1949-50—in certain rural districts they outnumbered civilian men of working age. Kinlen and Hudson (p 1357) found that mortality for childhood leukaemia in the period 1950-3 was significantly increased in rural and urban districts, aggregated by county, with the largest concentrations of servicemen. These findings were confirmed in a more focused analysis of individual local authority districts. The increases were mainly in children under 2 (and particularly below age 1) in rural districts; the children of both servicemen and civilians were affected. In view of the ages of affected children, the infection could have been transmitted among adults and thence to fetuses. The areas with an excess of leukaemia also showed more notifications of and deaths from poliomyelitis.

## Endometrial resection for treating menorrhagia

The normal uterus is commonly removed to manage heavy menstruation that has not responded to medical treatment. During the past 10 years various forms of endometrial ablation have been developed in the quest for an alternative to hysterectomy. To date none of these procedures has been tested by a randomised controlled trial. On p 1362 Gannon *et al* report a controlled trial from Reading. They compared endometrial resection, the most popular ablative procedure in the United Kingdom, with abdominal hysterectomy in 51 women and found clear benefits of endoscopic surgery. When performed by an experienced surgeon endometrial resection is safe and can be expected to alleviate symptoms in most treated women. Whether this effect is long term and accompanied by acceptable morbidity is currently the object of larger trials.

## How do patients with HIV per- ceive the general practitioner?

Because of the threat of the AIDS epidemic to public health and the emphasis on providing care in the community, the relationship between general practitioners and patients infected with HIV has become a focus of increasing interest. It has been reported that patients would prefer family doctors to take part in their care but are reluctant to consult them out of fear of rejection or lack of confidentiality or because they do not consider their doctor knowledgeable about AIDS. From a questionnaire study in two German cities of a large sample of HIV infected patients Kochen *et al* (p 1365) found that most of these patients feel that they are in good hands with their family doctors. Over 90% received a friendly or at least neutral reception in the surgery and almost no general practitioner changed his

or her behaviour towards the patient because of the diagnosis. Over two thirds thought their doctor had a good knowledge of HIV and AIDS.

## Genitourinary infections in pregnancy and low birth weight

Despite much research into the causes of low birth weight and preterm birth, the incidence of these conditions in most countries has changed little during the second half of this century. Many potential risk factors have been identified but most are only indicators of the presence of possible causative factors and most are difficult to alter after conception. On p 1369 Schultz *et al* report a retrospective case-control study of Western Australian Aboriginal women, examining the relation between genitourinary tract infections in pregnancy and the incidence of low birth weight. A strong association was found, which persisted when controlling for potential confounding factors. Schultz *et al* believe that prevention and treatment of these infections has great potential for improving maternal and child health in many populations.

## Epilepsy after febrile convulsions

Some hospital based studies have reported a high incidence of epilepsy after febrile convulsions and it has been suggested that prolonged febrile convulsions in children may cause brain damage. The high incidence in these studies may, however, be due to the worst cases being admitted to hospital. The child health and education study has followed a cohort of 16 004 neonatal survivors for the first 10 years of life, and on p 1373 Verity and Golding report that in this cohort only a small proportion of the children developed epilepsy after febrile convulsions. The proportion was increased in the minority of children who had complex febrile convulsions, particularly if the convulsion had focal features. The authors suggest that febrile convulsions are rarely the cause of later epilepsy.

## Competence and performance of general practitioners

The assumption behind current licensure examinations is that competence (what doctors are capable of doing) predicts performance (what they do in practice). The assumption, however, has not been validated. On p 1377 Rethans *et al* examine the relation between competence and performance by sending standardised patients into general practitioners' surgeries anonymously. Several months later the doctors participated in a test during which they met standardised patients with the same conditions and were asked to perform to the best of their ability. The doctors, although acting more efficiently in real practice, performed almost 50% more actions in the competence setting than in the performance setting. The correlation between competence and performance was low for quantitative assessments but higher when time was taken into account. Current examination systems rely on quantitative measures and thus their validity in assessing performance is questionable.